Epidemiological and Clinical Picture of Hospitalized Patients with Complicated *Bartonella bacilliformis* Infection During An Outbreak in the Highland of Peru

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Background: Currently outbreaks of *Bartonella bacilliformis*(Bb); were reported in the Jungle in new endemic areas in Peru; particularly in Jaen, Chachapoyas, Cuzco. In 1982 Eleven cases of complicated Human Bartonellosis(CHB); coming from Huarochiri and Santa Eulalia Valley- Lima were hospitalized in National Hospital Hipolito Unanue(NHHU)- Lima- Peru. Eleven developed fever and hemolytic anemia. Two pregnant woman developed fetal obito. One patient developed acute diarrhea for *Eschericia coli*. After months one patient developed verruca lesion for Bb.

Methods: We studied epidemiological and clinical characteristic of HB hospitalized patients coming from the area of outbreak in the North of Santa Eulalia valley (Parca Alta, Callahuanca, Barbablanca); in April 2005. Blood smear test was realized in patients. In May—June 2005 we surveyed Parca Alta village. Houses were identified and censuses carried out. Persons (100) were questioned on disease status and previous history of infection. Sandflies were captured using CDC tramps in Parca Alta village.

Results: An outbreak of HB was observed in Santa Eulalia Valley; 19 patients ranged from 3yr to 54 yr old which were hospitalized in NHHU for complicated HB. 19 were blood smear positive for Bb with high parasitemia. 19 had fever, 18 were palate and no one had verruca. 16 had moderate hemolytic anemia and in three was severe. One culture was positive for *Stafilococus aureus* associated to Bacteriemia. Old one developed Pulmonar Tuberculosis and another Hemofagocitic syndrome. Lutzomyia verrucarum was captured in Parca Alta village which was the most sandfly found.

Conclusions: Human Bartonellosis is a important issue in Peru, Peruvian patients with HB developed different clinical pictures associated with opportunistic infections (such us bacteriemias and Tuberculosis). High parasitemia had been found in hospitalized patients with severe and moderate hemolytic anemia. In Parca village we found Lutzomyia verrucarum.

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Vacuolating Cytotoxin Activity and CagA Gene of Helicobacter pylori Isolates from Peptic Ulcer and Non-Ulcer Dyspepsia Patients from Thailand

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Background: A significant increase of dyspeptic patients associated with Helicobacter pylori infection in Thailand has been recognized over a past decade; considerable variations of vacuolating cytotoxin activity and cagA gene presence in H. pylori-positive patients with different geographic regions are postulate. We investigated association of phenotypes 1 ulcerogenic (CagA+, VacA+) and 2 nonulcerogenic (CagA+, VacA−) presence with peptic ulcer dyspepsia (PUD) and nonulcer dyspepsia (NUD) Thai patients.

Methods: Seventy-one H. pylori-positive dyspeptic patients with endoscopic findings were included; 38 PUD [21 gastric ulcer (GU), 16 duodenal ulcer (DU) and one with both ulcers] and 33 NUD [18 gastritis, 9 gastroduodenitis, 1 duodenitis and 5 with normal findings]. Their vacuolating cytotoxin activity was titered using concentrated culture supernatants (CCS) inducing vacuolization in Hela cells and subsequently they were specifically amplified by PCR.

Results: The CCS of the 41 (57.7%) out of 71 H. pylori isolates (Vac+) induced vacuolization of ranging titers of 1:2 to 1:64. There was no significant difference in VacA presence and clinical outcomes between the patient groups ($p > 0.05$). The cagA gene presence with both groups (Vac+ vs Vac−) was putatively positive. There was no significant difference in phenotypes 1 and 2 in all H. pylori isolates ($p > 0.05$).

Conclusion: There was association of cagA gene presence with PUD and NUD as strongly predictive of H. pylori infection. Association of vacuolating cytotoxin activity and cagA gene presence in H. pylori-positive patients was independent of clinical outcomes of the infection.

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Prevalence of Community-Acquired Methicillin-Resistant *Staphylococcus aureus* in Skin and Soft Tissue Infections in HIV Positive Patients

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Introduction: Community-acquired methicillin-resistant *Staphylococcus aureus* (CA-MRSA) rates have rapidly increased. The incidence of this infection has been reported 18 fold higher in HIV positive patients compared with general population, but these reports vary greatly between authors. There is very little data of CA-MRSA in HIV positive patients in Argentina.

Objectives: Evaluate the prevalence of skin and soft tissue infections (SSTI) caused by CA-MRSA, its